



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

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MEMORANDUM

TO: Joint Interim Standing Committee on Health and Human Services

FROM: Kyra Morgan, Chief Biostatistician, Office of Analytics
Alexia Benshoof, Bureau Chief, Office of Analytics

RE: Follow-up to the May 19, 2022, Joint Interim Standing Committee on Health and Human Services meeting

Please see responses to questions from the Joint Interim Standing Committee on Health and Human Services to the Department of Health and Human Services, Office of Analytics during the presentation on Prenatal Neonatal Substance and Marijuana/Cannabis Use, Abstinence Syndrome, and Child Welfare Impacts.

Assemblywoman Titus requested information on all-cause deaths for comparable female age groups to see if the pregnancy associated death rate is extraordinary.

In 2021 there were 36 pregnancy-associated deaths in Nevada (rate of 108.6 per 100,000 live births). These deaths ranged in age from 20 to 44. In that same period, there were 759 total deaths among Nevada females aged 20 to 44. Pregnancy-associated deaths accounted for 4.7% of total deaths to this age group.

Top 10 Leading Causes of Death Among Nevada Females Aged 20-44:

Causes of Death	Year	
	2021	
	N	%
Non-transport accidents	134	17.7
COVID-19	104	13.7
Malignant neoplasms	81	10.7
All other diseases (residual)	79	10.4
Diseases of the heart	64	8.4
Intentional self-harm (suicide)	57	7.5
Transport accidents	43	5.7
Pregnancy-associated death	36	4.7
Chronic liver disease and cirrhosis	34	4.5
Assault (homicide)	18	2.4
All other causes	109	14.4
Total	759	100.0

Assemblywoman Gorelow requested information on the NAS (neonatal abstinence syndrome) adverse birth outcomes and any education initiatives currently available for parents.

The Maternal, Child and Adolescent Health program within the Division of Public and Behavioral Health offers the following information on NAS, adverse birth outcomes, education initiatives and prevention efforts currently available for parents.

NAS data are updated annually from federally available data on the [Maternal and Child Health Data Dashboard](#) (click “Infant/Perinatal Health” and then click “Neonatal Abstinence Syndrome” at the top), which shows the rate in Nevada for infants born with Neonatal Abstinence Syndrome at 7.6 per 1,000 in 2018, as compared to 6.7 per 1,000 births for the United States in 2018.

Educational materials on substance use in pregnancy are available on [SoberMomsHealthyBabies.org](#) and the site is widely promoted through television, radio, print and social media outlets. It is a condition of Title V Maternal and Child Health (MCH) Block Grant funding that client-facing sub-awardees share this information, as well. The intersection of substance use disorders in pregnancy and prevention of adverse outcomes are the foci of Perinatal Health Initiative (PHI, funded by the Substance Abuse and Mental Health Services Administration block grant) efforts statewide, including provider reference guides, family-facing information and resources, Comprehensive Addiction and Recovery Act (CARA) resources and education, and participation in Promoting Innovation in State and Territorial MCH Policymaking (PRISM) through the Association of Maternal and Child Health Programs (AMCHP).

In response to Nevada’s legalization of medical and recreational marijuana, informational resources on pregnancy and marijuana use continue to be disseminated. Nevada’s Title V MCH Program partnered with the Nevada Department of Taxation to distribute Child Injury Prevention and Pregnancy and Marijuana prevention materials to all marijuana dispensaries in Nevada (posters in English and Spanish and other resources). Materials are widely shared with partners, including local health authorities, and includes information on breastfeeding. According to Nevada Pregnancy Risk Assessment Monitoring System (PRAMS), when asked about marijuana use during pregnancy in 2018, 11.6% of women said yes, which is a 95% increase from the percentage responding yes in 2017. Title V MCH Program efforts focused on reducing substance use in pregnancy and interconception for women of childbearing age continue to include promotion of the [SoberMomsHealthyBabies.org](#) website and associated media campaigns, marijuana prevention education materials, and PHI and ASTHO PRISM activities on reduction of substance-exposed infants and NAS. Nevada’s Title V MCH Program participation in CARA Infant Plan of Safe Care substance-exposed infant workgroups, home visiting and perinatal quality efforts support reducing cannabis use in pregnancy.